WATHEN (W. H.)

A successful vaginal hysterectomy for carcinoma uteri

*A SUCCESSFUL VAGINAL HYSTERECTOMY FOR CARCINOMA UTERI.

BY WILLIAM H. WATHEN, M. D.

LOUISVILLE, KY.

FROM THE TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL SOCIETY.

I had written a paper on "Hysterectomy for Malignant Diseases of the Uterus," to read before the Southern Surgical and Gynecological Society in September, but after the meeting was deferred to December I read the paper before the American Association of Obstetricians and Gynecologists at the meeting of the Congress of Physicians and Surgeons in Washington. I again find my name in the new program to report upon the same subject. It would not be courteous to the members of this association for me to read that paper again, for an extended abstract has been published in many of the medical journals in different sections of the country.

But that I may in a degree fulfill my promise, I have concluded to report a successful vaginal hysterectomy which I did in October, and to make some remarks upon the improved *technique* of the operation, especially upon that part of the details relating to hemostasis. I operated in the forenoon of October 9th, at the Norton Infirmary, of Louisville, on Mrs. B. A., thirty-four years old, of Irish descent, and a mother of five children. When she consulted me, about the 1st of August, she was suffering with nearly constant bleeding, the blood being mixed with offensive matter. Her digestive and assimilative functions were not good, and she was badly nourished. She was losing flesh rapidly, and her general appearance indicated approaching cachexia.

I concluded from the history she gave me of her trouble that the disease began from twelve to eighteen months before I saw her. I found carcinoma of the cervix uteri extending up the endometrium, but not involving the vagina or any of the uterine adnexa. The uterus was in normal position and perfectly movable, and no enlargement of pelvic or other glands could be detected. I did not believe all the disease could be removed except by total extirpation of the uterus, and advised her to have the operation done as soon as I could succeed in temporarily improving her local and general condition. She lost but little more blood, and by the 1st of October looked and felt much better, and there was hardly any further extension of the cancer.

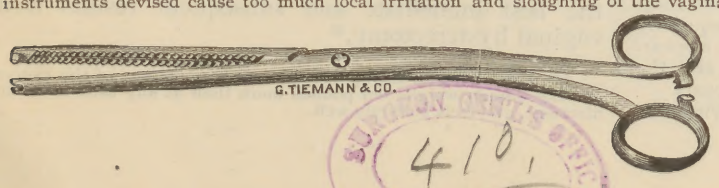
She was prepared for the operation by being well purged, carefully bathed, and the vagina washed out with two gallons of hot water. The hair was cut from her pubes, and the parts well washed with ether and a 1-2000 solution of bichloride of mercury. The instruments, sponges, etc., were prepared with all the aseptic care that should govern us in doing successful abdominal surgery. I was assisted in the operation by Drs. H. H. Grant, J. B. Marvin, J. M. Matthews, H. Orendorf and F. C. Simpson. The water was boiled and the instruments and sponges were put by the nurse in weak carbolic acid solution. Chloroform was administered and the operation done after the following fashion :

The woman was put in the exaggerated lithotomy position, and the neck of the uterus exposed by a Sims' speculum and retractors, and drawn to the vulva with a heavy vulsellum forceps. The vagina was cut away from the cervix about one-fourth of an inch from its attachment, and two or three small, bleeding arteries secured by catch forceps. Further dissections posteriorly and anteriorly were made with the finger. The pouch of Douglas was first opened and all posterior attachments of the uterus rapidly separated. Then the uterus was carefully dissected from the bladder, great caution being observed to prevent wounding this organ or the uterus. Finally, all that held the uterus in position had been divided except the folds of the broad ligaments. The index finger was now hooked well over the left ligament, and it was secured at a distance from the uterus by a catch forceps of my device, which I here show you.† The right ligament was clamped in the same way. Both ligaments were then divided with the scissors near the clamps, and the uterus, ovaries and tubes were pulled away through the vulva.

The uterus was not inverted, and was removed in just twenty minutes. To prevent the possibility of hemorrhage, all bleeding surfaces or points were caught in catch forceps, so that when the operation was done eight pairs were left in the vagina. She did not lose more than one or two ounces of blood during the operation, and none after it. The small forceps were removed in twenty-eight hours and the two large ones, clamping the broad ligaments, were removed in fifty-two hours. A small pledget of sublimated gauze was introduced into the vagina to hold the forceps apart and to aid drainage,

*This is probably the first vaginal hysterectomy for cancer performed south of the Ohio river.

† [A vaginal hysterectomy forceps should be so constructed that it may include in its blades the entire broad ligament with equal pressure, and absolutely control hemorrhage, but it should be as small as is consistent with the purpose which it is intended to serve. Some of the heavy instruments devised cause too much local irritation and sloughing of the vagina and vulva, and some of the smaller ones do not insure perfect hemostasis. Appreciating these defects, I had the Messrs. Tiemann & Co., one year ago, make a forceps that I think overcomes these objectionable features. The forceps is light, compresses with equal force at each end of the blades, and will include the ligaments so firmly that the danger of secondary hemorrhage is wholly eliminated. The blades are deeply grooved in the center so that they are buried in the broad ligaments with less pressure than is necessary with the ordinary forceps. This insures permanent fixation, thereby absolutely controlling hemorrhage.]—Extract from the *New York Medical Journal.*



and the vulva was well covered with absorbent cotton and a T bandage applied. No sutures were used to control hemorrhage or to unite surfaces, and the vaginal vault was left open. The gauze was removed from the vagina when the small forceps were taken off, and it was subsequently used only as a dressing over the vulva. The discharge of necrosed matter which had been destroyed by the forceps was rather profuse and offensive for a few days, but after a week it had nearly ceased and was not at all offensive in odor. No vaginal washes were used, but the dressing was removed twice daily, and the external parts carefully cleansed. She was allowed to lie on her back or sides, as she preferred, and her water drawn for one week. Her bowels were moved on the sixth day with sulphate of magnesia, and moved every day or every second day afterward. She had beef peptonoids, beef tea and mutton broth for three or four days; then she began to take milk and a little solid food, each day increasing the quantity, and after the eighth day she took house diet. She suffered two days from the presence of the forceps, and for two days more from an irritability of the bladder. She was given during this suffering one-sixth of a grain of morphine two or three times daily. Her pulse, after the operation and during the first day, was sixty beats per minute. It then ranged from sixty to ninety, seldom getting above seventy-five. Her temperature reached nearly 101° on the second day, probably caused by the local annoyance and pain from the clamps. It then ranged from 98° to 100°. At no time was there any shock or sepsis, and she made an uninterrupted recovery. She was out of the bed on the fifteenth day, and left the Infirmary on the nineteenth day.

The vaginal vault had perfectly united at the end of one week. I have examined her several times since she left the Infirmary, and can detect no evidence of any return of the disease. Her general condition and appearance and all her functions had improved about twenty-five per cent. at the end of the second week, and she has continued to get better; in fact, she looks and feels perfectly well, and is going out on the street and is attending to her domestic duties.

I interdicted sexual intercourse for three months, but probably this precaution is not entirely necessary, as there has been neither pain nor tenderness on pressure, after the third week, in the vagina or in the pelvic or abdominal cavities.

A careful microscopic examination of the specimen removed was made by Dr. Simon Flexner, who reports as follows:

LOUISVILLE, KY., November 3, 1888.

MY DEAR DOCTOR: Herewith I beg leave to submit a report on the examination of a specimen handed to me. The specimen consisted of uterus, tubes and ovaries just removed. The uterus had suffered marked change in configuration. The cervix was changed most and was the seat of evident degenerative change.

The degenerative process could be traced by the unaided eye through the cervix and about one-half the length of the fundus, where the tissue had a more healthy appearance. This limitation of degenerative process was subsequently confirmed by microscopical examination, as will appear. The tubes were apparently in a healthy condition, and the ovaries presented no abnormal features, save a few cysts.

On microscopical examination the growth involving the cervix proved to be adeno-carcinoma; as before indicated, the new process extending into the body of the uterus disappearing about its center. In the mucous membrane of this portion there is considerable hyperplasia of the normally present spindle shells, and foci of round cells are occasionally observable. The glandular structure, however, appeared quite normal. Microscopical examinations of one ovary, at the point where it is attached to the tube, shows no degenerative change. Some connective tissue proliferation had taken place. Beyond this I could observe no change.

The tubes were not examined microscopically.

Pieces from which sections were made were immediately removed and hardened in alcohol. Very truly,

SIMON FLEXNER.

Asepsis or perfect surgical cleanliness should be enforced in every detail of the operation. Weak solutions of disinfectants may be used, but I doubt their efficacy, and strong solutions are positively poisonous. I believe the success of vaginal hysterectomy depends largely upon absolute surgical cleanliness, rapidity in operating and a perfect hemostasis. When the operation is prolonged and the woman is kept for one or more hours under the influence of an anesthetic, or loses much blood, she is in relatively greater danger of death from shock or sepsis. By the use of clamps to control hemorrhage, the *technique* of the operation is so much simplified and improved that the uterus, etc., can be removed in from ten to twenty minutes, and the loss of blood is no longer an important factor. The clamps also afford an excellent means of drainage and do away with the necessity of a drainage tube. But if we follow the *technique* of Schroeder, Martin and others, and use sutures to control hemorrhage and to unite the vaginal and peritoneal surfaces, or to close the vaginal vault, it will require from one to two hours to complete the operation, and the hemostasis is not so perfect. Results have shown that it is best not to close the vaginal opening, and experience has demonstrated that the supposed dangers resulting from intestinal or omental protrusion in the vagina are mostly imaginary; at least they are reduced to a minimum.

I believe that the mortality in vaginal hysterectomy can be reduced as low as that in ovariotomy, but I beg to repeat what I have said at another time, "that it is positively criminal for any one to attempt to extirpate a cancerous uterus or to do pelvic or abdominal surgery until he learns the anatomy, physiology and pathology of the pelvic and abdominal structures, and knows how to make a correct diagnosis where it is possible to do so. He should also know the general principles and the details of the most approved *technique* for such operations." Nor should the uterus be removed if there is any evidence of cancerous cachexia, or if, in a careful physical examination, any structure outside of the uterus in the pelvic cavity is found to be infected. A microscopical examination of a part of removed tissue by an experienced microscopist and pathologist may aid us very much in diagnosticating cancer of the uterus in its incipiency, when we may expect the best immediate and subsequent results from vaginal hysterectomy.*

*Ten months after the operation there is no return of the cancer, and the woman weighs ten pounds more than at any time since her marriage, and feels perfectly well.